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City and County of the City of Exeter.



INSTITUTE OF SOCIAL  
MEDICINE

10. PARKS ROAD,  
OXFORD

# ANNUAL REPORT

OF THE MEDICAL OFFICER

OF HEALTH


FOR 1946

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EXETER:

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1947



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I have the honour to present to the Right Worshipful the Mayor, Aldermen and Councillors of the City of Exeter, my Annual Report for the year 1946.

The Report has been prepared in accordance with instructions contained in Ministry of Health Circular 13/47, dated 13th March, 1947, and in accordance with the Sanitary Officers (Outside London) Regulations, 1935, and the Sanitary Officers Order, 1936. The essential statistical figures furnished by the Registrar General became available in June, 1947.

So far as infectious disease is concerned, the City has experienced another favourable year. Only one death is attributable to *diphtheria* and that in a child who had *not been immunised*. There were only two other deaths due to notifiable infectious disease. Although *measles* was epidemic during the previous year, it broke out again in December, 1946, and assumed substantial proportions during the early months of 1947, reaching the peak of the epidemic during the first week of January and then gradually tailing off. As a rule, epidemics of measles occur in alternate years. As the disease is highly infectious to those who are susceptible, before it can be diagnosed with certainty, and as medical practitioners are not always called in, preventive measures are difficult to apply. When measles is about, it is customary to circularise the head masters and mistresses of our schools advising them of the early symptoms with a view to the temporary exclusion of subjects. But the most useful functions of the Public Health Department are, first, advice to mothers given by health visitors—particularly the advisability of calling in a doctor, and, secondly, the admission to hospital of young children suffering from complications such as broncho-pneumonia. For a number of years past, every effort has been made to find accommodation at the Isolation Hospital for complicated cases of measles and whooping-cough, and no doubt lives have been saved in this way. Notifications of *scarlet fever* were received throughout the year, the disease being generally of a very mild type. If housing conditions were better, many of these cases could be nursed at home quite satisfactorily. Removal to hospital is usually on the grounds of domestic inconvenience rather than for medical reasons. It is not known why scarlet fever should be so mild at present. History shows that the severity of the disease has varied considerably in the past.

With regard to *statistics*, it has been possible to give fuller information on this occasion than was possible during the war years. Several useful tables have been restored to the Report.

In the field of *nutrition*, there does not appear to be any falling off in the general health and well-being of school children and pre-school children. These are the only groups about which we have exact information. The position of adults does not seem to be so satisfactory, especially in the case of single persons living alone who cannot afford to have occasional meals out by way of making ends meet. Lack of variety also adds to the catering problem. The necessity of bread rationing restored to us the high



extraction loaf. There is little doubt that bread of this kind is more beneficial to the average individual than the white bread of pre-war days.

Two years ago I expressed the hope that *double summer time* had gone for ever. However, it has returned as part of the national effort to save fuel and power. Whether it saves anything of the kind I do not know, but I do know that it is an annoyance to the agriculturist whose work is so important, and it is a physiological sin against child welfare.

The shortage of *hospital nurses and midwives* continues. On all sides one hears of beds which cannot be used because there is no staff. Unless this problem is solved in the near future much of the benefit to be expected from the re-organisation of hospitals under the National Health Service Act will be postponed indefinitely or lost. For whatever else may be controversial in the Act, there is general agreement that the regional plan for hospital services is desirable and likely in the end to lead to a far better service than is possible at present. It would be unfortunate indeed if this part of the Act failed for the want of trained staff. On the other hand, the *domestic situation* in hospitals and institutions has become a little easier, probably due to the operation of the national scale recommended in the Mowbray Report.

During the year the City Hospital and the Isolation Hospital were approved by the General Nursing Council for England and Wales as a Component Training School for pupil-assistant nurses—the only School of its kind in the South-West. I regret to have to report that the scheme has not yet met with any response. One would have thought that the useful career of enrolled assistant nurse would have appealed to women who are interested in practical nursing, but who do not feel able to take the longer course required for state registration. Much good work has been done in the past by assistant nurses and I should be sorry to see this type of hospital worker disappear.

Dr. B. T. Jones, who was Acting Deputy Medical Officer of Health and Clinical Tuberculosis Officer during the absence on Service of Dr. R. P. Boyd, left on 28th February. I should like to take this opportunity of thanking him for his valuable help. Dr. W. Davidson-Lamb, M.C., joined the staff on 1st August. On 3rd March Mr. A. E. Bonham, Chief Sanitary Inspector, retired on pension. Mr. Bonham is one of the best-known sanitary officers in the West of England and an acknowledged authority on meat inspection. He was appointed to Exeter in 1912, coming from Birmingham. During the 1914-1918 war Mr. Bonham saw service in Mesopotamia, was three times mentioned in despatches and awarded the *Medaille des Epidemics en Vermeil*—a French decoration given for distinguished sanitary services. In 1941, Mr. Bonham received the M.B.E. Mr. F. G. Davies joined the staff as Chief Sanitary Inspector on 1st April.

All four of our District Medical Officers (Social Welfare) saw service with the Forces and I am pleased to be able to report that all have returned safely.

It is also most satisfactory to be able to record that all those members of the professional and clerical staff who served with the Forces have returned to us and, with the exception of one who resigned to take up other work, have resumed their employment with the Council.

I desire to thank the Committees associated with the work of the Health Department for their help and support throughout the year, and to record my appreciation of the work of the staff, especially of the Chief Clerk, Mr. E. S. Howells.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

G. F. B. PAGE.

16th June, 1947.

# CITY AND COUNTY OF THE CITY OF EXETER.

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## Public Health Committee.

MAYOR—

ALDERMAN F. H. TARR, J.P.

CHAIRMAN—

ALDERMAN W. HEALE.

DEPUTY CHAIRMAN—

COUNCILLOR MRS. K. A. GODDARD, J.P.

Alderman W. T. BAKER.  
Councillor W. H. C. BISHOP.  
Councillor W. R. G. HARRIS.  
Councillor G. C. HEYWOOD.  
Councillor Mrs. R. M. A. HODGE  
Councillor W. J. WESTCOTT.

Councillor W. R. NORTHCOTT  
Councillor P. D. ROWSELL.  
Councillor Miss O. M. RUDD.  
Councillor E. RUSSELL.  
Councillor J. D. SEWARD.  
Councillor Mrs. E. E. TINKHAM.

*Town Clerk*—C. J. NEWMAN, Esq., O.B.E.

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## Maternity and Child Welfare Committee.

CHAIRMAN—

COUNCILLOR MRS. E. E. TINKHAM.

DEPUTY CHAIRMAN—

COUNCILLOR W. R. G. HARRIS.

Alderman J. S. S. STEELE-  
PERKINS, M.B., J.P.  
Alderman F. H. TARR, J.P.  
Councillor G. G. DAW.  
Councillor G. J. GREENSLADE.  
Councillor Miss O. M. RUDD.  
Councillor Mrs. R. M. A.  
HODGE.  
Councillor Mrs. M. NICHOLS.  
Councillor B. L. THOMAS.

*Non-Members of the  
Council :*

Mrs. M. COLLINGS.  
Mrs. M. PICKARD.  
Mrs. S. SMITH, J.P.  
Mrs. F. E. VARLEY.



## STAFF.

### PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

#### (a) Medical.

*Medical Officer of Health, School Medical Officer, Chief Tuberculosis Officer, Medical Officer to the Mental Deficiency Committee, and Medical Superintendent of the Isolation Hospital, Honeylands Children's Sanatorium and Mowbray House Municipal Maternity Home.*

GEORGE F. B. PAGE, M.D., D.P.H. (Edin.).

*Deputy Medical Officer of Health and Clinical Tuberculosis Officer.*

ROBERT P. BOYD, M.B., Ch.B., D.P.H. (Glas.), F.R.F.P.S.G. (resumed duties 1/3/46).

BENJAMIN T. JONES, L.M.S.S.A., D.P.H. (Edin.) (until 28/2/46).

*Assistant Medical Officer of Health and Senior Assistant School Medical Officer.*

\*JESSIE SMITH, M.B., Ch.B., D.P.H. (Leeds).

*Assistant Medical Officers of Health and Assistant School Medical Officers.*

IRIS V. T. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P.

\*W. DAVIDSON-LAMB, M.C., M.B., Ch.B., D.P.H. (Aberd.) (from 1/8/46).

*Venereal Disease Medical Officer (part-time).*

T. M. PREECE, M.A., M.B., B.Chir. (Camb.), M.R.C.S., L.R.C.P.

*Medical Officer Ante-Natal Clinic (part-time).*

BERTHA HINDE, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.

#### *Dental Surgeons.*

\*JOHN F. A. SMYTH, L.D.S. (Eng.). Temporary Senior Dental Officer from 1/7/45 to 31/7/46 and thereafter Assistant Dental Officer to 26/12/46.

\*CLIFFORD A. REYNOLDS, L.D.S. (Eng.). Resumed duties, 11/6/46 as Assistant Dental Officer. Appointed Senior Dental Officer, 1/8/46.

\*HORACE J. V. WEBSTER, L.D.S. (Eng.). Temporary Assistant Dental Officer to 10/6/46.

\*Duties mainly in connection with the Education Committee.

*District Medical Officers under the Social Welfare Committee (part-time).*

No. 1 District. C. W. MARSHALL, M.D. (Lond.), M.R.C.S. L.R.C.P., resumed duties 29/4/46, *vice* J. N. WATSON, M.I. Ch.B. (Glas.).

No. 2 District. G. S. STEELE-PERKINS, M.A., M.B., B.Ch. (Camb.), resumed duties 3/7/46 *vice* J. C. HEAL, M.I. Ch.B. (Liverp.), M.R.C.S., L.R.C.P.

No. 3 District. J. R. BRADSHAW, M.A., M.B., Ch.B., B.A. (Dub.).

No. 4 District. J. C. HEAL, M.B., Ch.B. (Liverp.), M.R.C.S. L.R.C.P.

*Public Vaccinator (part-time).*

S. J. P. GRAY, M.A., M.B., B.Chir. (Camb.), F.R.C.S. (Ed.).

**(b) Others.**

*Chief Sanitary Inspector and Officer under the Food and Drugs Adulteration Act, etc.*

A. E. BONHAM, M.B.E. (retired 31/3/46).

F. G. DAVIES, M.R.S.I., A.M.I.S.E. (from 1/4/46).

*Deputy Sanitary Inspector.*

A. E. TROUNSON.

*Assistant Sanitary Inspectors.*

T. COATES.

A. C. LEWIS.

H. R. AMBROSE (resumed duties, 28/1/46).

G. C. HOPKINS.

G. PAWSON (Temporary).

*Public Analyst.*

T. TICKLE, B.Sc., F.I.C.

*Vaccination Officer.*

E. S. HOWELLS.

*Senior Health Visitor.*

Miss M. M. FOY.

*Non-Medical Supervisor of Midwives (part-time).*

Miss L. A. CULVERHOUSE (Devonshire Nursing Association)



Miss D. HICKSON.  
Miss A. H. EDDIS.  
Miss F. L. GIBBONS.  
Miss E. PHILLIPS (left 9/11/46).  
Miss M. P. BLUEMEL (left 30/11/46).  
Miss N. E. SMITH.  
Miss M. E. BLACK (temporary).

Mrs. T. S. TILLER (part-time).  
Mrs. I. BLOOMFIELD (part-time) (from 12/6/46 to 31/12/46).  
Mrs. E. A. M. KNEE, G.M. (part-time) (from 2/9/46).

Miss E. K. SHEPPARD.

Miss G. HENSON.

Miss F. JONES.

MISS O. STRINGER.

E. S. HOWELLS ((Chief Clerk).  
R. W. STILES (Senior Assistant Clerk), resumed duties  
1/6/46.  
H. TUCKER.  
S. SNELL, resumed duties 11/3/46.  
R. J. BARKER, resumed duties 1/3/46.  
C. G. SEAMARK, resumed duties 1/7/46.  
I. C. ALFORD, resumed duties 28/8/46.  
W. H. STAMP, Temporary.  
A. H. WEST, do.  
R. BIRKS, do.  
MISS M. M. MILTON, do.  
MISS L. CHANNING  
MISS J. CHAPPLE.      { Maternity and  
MRS. D. MARSDEN (Temporary)      { Child Welfare  
MISS M. CRABTREE (part-time, temporary).  
MRS. M. LAMB (left 24/12/46).  
MISS D. M. E. BARROW (from 11/12/46).

## General Statistics.

Area in acres, 9,127.025.

Population, 72,910.

Rateable Value, £697,063.

Sum represented by a penny Rate, £2,773 9s. 0d.

## Vital Statistics.

Live Births—

Legitimate, total 1,318; male 678, female 640.

Illegitimate, total 126; male 72, female 54.

Stillbirths, 42.

*Birth Rate*, 19.8.

Deaths. Total 930. Male 446. Female 484.

*Death Rate*, 12.7.

Maternal Mortality Rate, 2.7 (sepsis, *nil*; other 2.7).

Tuberculosis Mortality Rate, 0.59 (pulmonary 0.45, non-pulmonary 0.14).

*Infantile Mortality Rate*, 48.5 (legitimate 45.5, illegitimate, 79.3).

Deaths from	Measles (all ages)	.....	.....	.....	<i>nil</i>
„	Whooping-cough (all ages)	.....	.....	.....	<i>nil</i>
„	Diarrhoea (under 2 years of age)	.....	.....	.....	11
„	Diphtheria (all ages)	.....	.....	.....	1
„	all other Notifiable Infectious Diseases (all ages)	.....	.....	.....	2

The following tables provide some statistical information which was not available for publication during the war years :—

### BIRTH RATE.

Year	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
England and Wales	14.9	15.1	15.0	14.6	14.2	15.8	16.5	17.6	16.1	19.1
Exeter	14.1	14.6	13.4	13.7	12.8	14.4	15.3	19.5	18.04	19.8
Percentage of Illegitimate Births to total births	4.8	4.9	3.5	6.4	6.9	7.5	10.4	10.5	15.6	8.7

## POPULATION.

Exeter, mid-year.

1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
69,240	69,160	69,890	73,830	81,430	73,800	68,520	68,180	69,070	72,910

(Note.—Following the Boundary Extension on 1st April, 1940, the Registrar-General estimated the population as 79,960 as at 31st December, 1940.)

## DEATH RATE.

Year	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
England and Wales	12.4	11.6	12.1	14.3	12.9	11.6	12.1	11.6	11.4	11.5
Exeter	11.1	11.1	11.1	13.3	13.4	15.8	13.4	13.7	13.8	12.7

## INFANTILE MORTALITY.

The Infantile Mortality Rates for 1946 were as follows :—

England and Wales	43
126 Great Towns, including London (census populations exceeding 50,000)	46
148 Smaller Towns (census populations 25,000 to 50,000)	37
London	41
Exeter	48.5

The following table shows the Infantile Mortality Rate in Exeter for the past ten years compared with the country as a whole :—

Year	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
England and Wales	58	53	50	55	59	49	49	46	46	43
Exeter	56.1	56.4	42.1	38.7	68.04	49.8	48.5	44.2	56.2	48.5



The following composite table gives useful information regarding Child-bearing and Infancy for the past ten years :—

Year.	Maternal Deaths.	Maternal Mortality Rate.	Neonatal Deaths.	Deaths under 1 year.	Infantile Mortality Rate.	Registered Births.
1937	1	0.9	34	55	56.1	980
1938	1	0.9	32	57	56.4	1,010
1939	3	3.1	24	40	42.1	936
1940	2	1.8	26	41	38.7	1,012
1941	5	4.1	42	79	68.04	1,027
1942	3	2.7	32	53	49.8	1,065
1943	3	2.8	35	51	48.5	1,051
1944	8	5.8	32	59	44.2	1,334
1945	4	3.1	33	70	56.2	1,246
1946	4	2.7	45	70	48.5	1,444

Exeter was a pioneer Local Authority in the matter of Child Welfare. It is therefore disappointing to find an infantile mortality rate of 48.5, a rate which is higher than that of the other "Great Towns," and higher than that of the country as a whole. In two years, namely, 1935 and 1940, we experienced exceptionally low rates of 33.6 and 38.7 respectively. Reference to the table will shew, however, that the infantile mortality rate in Exeter tends to be on the high side and there is little doubt that it would be even higher but for the work done at the Child Welfare Centres and by Health Visitors in the homes. If we examine the figures we find that the rate depends upon the deaths of 70 children under one year of age. Of these deaths no less than 45 were neo-natal, *i.e.*, occurred within the first month from birth. It is obvious that ordinary child welfare work can have little, if any, effect on this part of the problem, as children rarely attend the Welfares before they are three or four weeks old. If we further examine the 45 neo-natal deaths we find that no less than 26 were due to marked prematurity and congenital defects conditions over which we cannot pretend to have much influence. Of these 26, no less than 13 suffered from gross congenital defects.

making their survival both unlikely and undesirable. The following table provides a short analysis of these 70 infant deaths :—

Cause.	Within first month.	Total	During remaining eleven months.	Total
Gastro enteritis .....	5		6	•
Disease of respiratory system	3		8	
Prematurity and congenital defects	26		3	
Miscellaneous .....	11		8	
		45		25

This shews in a striking manner the overwhelming preponderance of prematurity and congenital defects in contributing to the infantile mortality rate. A high birth rate is not infrequently accompanied by a high infantile mortality rate. Can it be that some expectant mothers are careless, disregard advice, and fail to make use of services provided by the Local Authority? We know that such cases exist. Can it be that nutrition is sometimes at fault? Again, we know that some expectant mothers fail to take advantage of the additions to diet granted by the Ministry of Food. Yet again to what extent are social conditions to blame, bad housing and overcrowding? We know that these are often unsatisfactory. Finally, is it really necessary for so many expectant mothers to continue at work? Here are four factors which may, singly or in combination, influence the neo-natal mortality rate. Until we can influence that rate, we shall not be able to do much more towards reducing infantile mortality as a whole.

## RESIDENTIAL MEDICAL INSTITUTIONS.

<i>Local Authority Hospitals.</i>	<i>Beds.</i>
Isolation Hospital, Whipton (Fever) .....	98
do. do. (Tuberculosis).....	36
Honeylands, Children's Sanatorium, Whipton .....	20
Mowbray House Maternity Home .....	18
do. do. do. (Isolation) .....	2
City Hospital, 77 Heavitree Road (Public Assistance)	295
Mental Hospital (requisitioned by R.A.M.C.) .....	384
Redhill House (Devon County Council, Public Assistance .....	265

*Voluntary Hospitals.*

Royal Devon and Exeter Hospital	.....	.....	349
West of England Eye Infirmary	.....	.....	50
Princess Elizabeth Devonian Orthopaedic Hospital	.....	.....	133
Wonford House Mental Hospital	.....	.....	130

*Private Nursing Homes.*

Argyll Road, Duryard (medical)	.....	.....	6
Belmont, 1 Baring Crescent (surgical)	.....	.....	9
14 Blackall Road (maternity)	.....	.....	22
Ernsborough House, Colleton Crescent (chronic)	.....	.....	24
Woodhayes, 36 St. Leonard's Road (maternity)	.....	.....	11
Stork's Nest, 98 Topsham Road (maternity)	.....	.....	4
Southcroft, 87 Heavitree Road (medical)	.....	.....	4
St. David's, 31 St. David's Hill (medical and surgical)	.....	.....	11
St. Mary's, 25 Mary Arches Street (Diocesan Society for Girls)	.....	.....	6
St. Olave's, 32 Bartholomew Street East (Diocesan Society for Girls)	.....	.....	17

## AMBULANCE FACILITIES.

## (a) For infectious diseases :—

Two motor ambulances.	} Provided by the Council.
One utility motor van for discharging cases.	

## (b) For non-infectious cases and accidents :—

One motor ambulance provided by the Police and three motor ambulances provided by St. John Ambulance Association. The Council contributes £100 per annum towards the latter. The provision is adequate for the ordinary needs of the City and surrounding district.

## BLIND PERSONS ACT, 1920.

Number on Register 1st January, 1946	.....	207
Since added	.....	18
Died, transferred, removed, etc.	.....	29
Number on Register, 31st December, 1946	.....	196
None of those certified were under 50 years of age.		

*Evacuation.* At the end of the year there was 1 evacuated blind person residing in the City. This figure relates to registered blind and does not include unregistered persons or dependents.



## LABORATORY WORK.

All pathological and bacteriological work is carried out at the Laboratory of the Royal Devon and Exeter Hospital, under the direction of Dr. W. A. Robb, with the exception of those examinations which are made at the Tuberculosis Dispensary. The usual routine examinations are carried out free, but swabs from diphtheria contacts are only undertaken without charge if the Medical Officer of Health has been first consulted.

*Examinations made :—*

## For diphtheria :—

(a) Primary investigations, including contacts	.....	838
(b) Others	.....	270

## For streptococci

Widal	.....	3
Blood Culture	.....	26
Faeces culture	.....	198
Urine culture	.....	54

## FOR V.D. DEPARTMENT :—

For detection of spirochetes	.....	37
For detection of gonococci	.....	669
For detection of H. Ducreyi	.....	2
For Wasserman reaction	.....	1222
Others	.....	101

For T.B., excluding examinations at Tuberculosis Dispensary,  
*q.v.* :—

Sputum	.....	71
Others	.....	7

## Miscellaneous Examinations :—

Cerebro-spinal fluid	.....	12
Others	.....	38

## WATER SUPPLY.

The following information is given in accordance with instructions contained in Ministry of Health Circular 13/47, dated 13th March, 1947.

The City water supply is derived from the river Exe. The Waterworks, which are under the direction of the City Engineer and Surveyor, were described in detail in the Annual Report

for 1938. There has been no substantial change in the arrangements, which may be represented briefly thus :—River Exe→intake near Stoke Canon→pipe line to works→alumina treatment→sedimentation→further alumina treatment→pressure filters, consisting of 32 Bell mechanical filters in eight batteries of four→sterilisation by chloramine treatment→adjustment of alkalinity by added lime water→filtered water reservoir→service reservoir→mains and branch mains→consumer. The supply has been satisfactory in quality and quantity.

Some 26 bacteriological tests were made by a qualified member of the Surveyor's staff, and 4 additional tests by the Public Analyst. All these were satisfactory. In addition, the Public Analyst carries out chemical and bacteriological analyses of the raw water at approximately quarterly intervals, together with such supplementary examinations as occasion may demand. The exact composition of the raw river water naturally varies somewhat according to the rainfall and the part of the catchment area affected. No plumbo-solvent action has been reported.

*Report on Examination of raw water from Pre-Treatment House. Sample taken at 2.30 p.m., 30th September, 1946.*

*Characters.*

Colour	.....	yellow green tint.
Turbidity	.....	clear.
Taste	.....	natural.
Odour	.....	none.
Suspended matters	.....	traces of detritus of vegetation, diatoms and infusorians.

*Bacteria.*

Bacillus coli	.....	absent from 0.25 cms. ; present in 0.5 cms.
Streptococcus	.....	absent from 25 cms. ; present in 50 cms.

Colonies visible at the end of 72 hours on beef-peptone-agar at 22 deg. C.	.....	} 1,100 per cm.

Colonies visible at the end of 48 hours on beef-peptone-agar at 37 deg. C.	.....	} 195.

*Chemical Analysis*—parts per hundred thousand.

Chlorine present as chlorides	.....	.....	1.2
Nitrogen present as nitrites	.....	.....	0
Nitrogen present as nitrates	.....	.....	0.1
Phosphates	.....	.....	0
Total hardness equivalent to calcium carbonate	.....	.....	5.4
Temporary hardness (annulled by boiling)	.....	.....	3.5
Permanent hardness (not altered by boiling)	.....	.....	1.9
Saline ammonia	.....	.....	0.0026
Albuminoid ammonia	.....	.....	0.0070
Oxygen absorbed in 4 hours at 27 deg. C.	.....	.....	0.1
Lead	.....	.....	0
Copper	.....	.....	0
Zinc	.....	.....	0
Iron	.....	.....	0
Total solid constituents	.....	.....	9.5
Organic matter observed on igniting solids	.....	.....	trace
Suspended solids dried at 105°C.	.....	.....	0.5
Hydrogen ion concentration equivalent to pH	.....	.....	7.3

*Standpipes.* The present position is as follows :—

Number of houses supplied by standpipes	169
Number of inhabitants of such houses	..... 487
Number of standpipes	..... 75

*Wells.*

Number of houses supplied by wells only	..... 52
Number of inhabitants of such houses	..... 201
Number of wells	..... 42

There has been an increase in the number of standpipes connected to the public supply at the expense of wells. The use of five wells has been discontinued, but two additional houses supplied by wells only have been discovered.

There are also about 25 houses which have wells in addition to the public supply ; and there are 17 wells used for trade purposes.

Most of the houses supplied by wells only came within the City boundary as the result of the Exeter Extension Act, 1939. It has now been possible to have these wells ascertained accurately and arrangements have been made to carry out a systematic examination of them. Reference to the six-inch scale map makes it clear that many of these houses cannot be connected with the public supply, either because of distance or because they are situated at higher levels than the service reservoirs.



## ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1946.

### SANITARY ADMINISTRATION.

#### *General Summary.*

Total number of inspections made	.....	.....	9,815
Total number of complaints received	.....	.....	506
Total number of notices served	.....	.....	145
Total number of interviews with owners, etc.	.....	.....	418

#### *Bakehouses.*

Number in district	.....	.....	30
Number of underground bakehouses in district	.....	.....	22
Number of inspections made	.....	.....	811
No. of contraventions found	.....	.....	99
Number of contraventions remedied	.....	.....	77
Number of contraventions outstanding at end of year	.....	.....	22

#### *Bed Bugs.*

Number of inspections made	.....	.....	157
Number of Council Houses :—			
(1) Found to be infested	.....	.....	28
(2) Disinfected by this Department	.....	.....	28
No. of other houses :—			
(1) Found to be infested	.....	.....	72
(2) Disinfected by this Department	.....	.....	72

Infested rooms are sprayed with a solution containing D.D.T., and verminous bedding is treated at the Disinfecting Station.

#### *Cesspools.*

Number emptied, cleansed, etc.	.....	.....	2
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#### *Cinemas, etc.*

Number of cinemas, etc., in the district	.....	.....	4
Number of inspections made	.....	.....	7

*Closets.*

Number of water closets repaired or reconstructed	25
Number of walls, etc., cleansed .....	3
Number of new flushing apparatus provided, repaired or renewed .....	17
Number of new water closet pans or pedestals provided	24
Number provided with supply of water .....	5

*Drains.*

Drains constructed or reconstructed .....	29
Tests to new drains .....	103
Tests to existing drains .....	238
Repaired or cleansed .....	48
New inspection chambers .....	7
Additional gulleys .....	9
Sink waste pipes repaired or renewed .....	12
Soil and ventilating pipes repaired or renewed .....	6

*Factories (including Bakehouses).*

1. INSPECTIONS for purposes of provisions as to Health (including inspections made by Sanitary Inspectors) :—

Premises.	No. on Register.	Number of		
		In-spections.	Written Notices.	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	82	88	2	—
(ii) Factories not included in (i) to which Section 7 applies :—				
(a) Subject to the Local Authorities (Transfer of Enforcement) Order, 1938	—	—	—	—
(b) Others .....	263	315	10	—
(iii) Other premises under the Act (excluding Out-workers' premises .....	—	—	—	—
Totals .....	345	403	12	—

## 2. Cases in which DEFECTS were found :—

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Re-medied.	Referred		
			To H.M. In-spector.	By H.M. In-spector	
Want of cleanliness (S. 1)	9	8	—	—	—
Overcrowding (S. 2) .....	1	—	1	—	—
Unreasonable tempera- ture (S. 3) .....	2	1	—	—	—
Inadequate ventilation (S. 4)	1	1	—	—	—
Ineffective drainage of floors (S. 6) .....	1	1	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient .....	2	2	—	—	—
(b) Unsuitable or de- fective .....	23	22	—	2	—
(c) Not separate for sexes .....	1	1	—	—	—
Other offences (not in- cluding offences rela- ting to home work) .....	—	—	3	—	—
Total .....	40	36	4	2	—

*Fried Fish Shops.*

Number of fried fish shops in district .....	20
Number of inspections made .....	5
Number of contraventions found .....	6
Number of contraventions remedied .....	4

*Ice Cream Vendors.*

During the year we endeavoured to improve the places where ice cream is manufactured. The response of the traders was satisfactory but, again, the usual shortages prevented any early improvement. Two traders, who were prepared to carry out all our suggestions in the adaption of buildings, were refused the necessary licences by the Regional Officer of the Ministry of Works. Three traders have agreed to instal steam sterilising equipment when it is available.



Number on register .....	68
Number of inspections made .....	113
Number of contraventions found .....	3
Number of contraventions remedied .....	2
Number of contraventions outstanding at end of year .....	1

*Infectious Diseases, Disinfectants, etc.*

Number of visits made .....	268
Number of rooms disinfected .....	146
Number of chambers of clothing, etc., disinfected .....	203

*Offensive Trades.*

Number of businesses in district .....	14
Number of inspections made .....	8
Number of contraventions found .....	0

*Removal of Household Refuse.*

Number of new dustbins provided .....	1
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*Rodent Control.*

During the year we commenced a comprehensive treatment of the whole City. A great deal of preparatory work was involved before the sewers could be treated, *i.e.*, preparation of maps, easing of manhole covers and the fixing of baiting trays. The position at the end of the year was as follows :—

*Sewers.*

Number of baiting trays fixed in manholes .....	2,190
First and second treatments completed—estimated kill .....	8,600

*Surface Properties.*

The treatment of the surface on “Block Control” lines was commenced on 2nd December, 1946.

*Sanitary Defects remedied.**Dampness.*

Number of roofs renewed or repaired .....	63
Number of rainwater gutters and pipes repaired .....	38
Yard surfaces repaired or relaid .....	12
Yard drainage improved .....	2

*Interior Work.*

Number of rooms cleansed and limewashed .....	18
Number of walls repaired .....	63
Number of ceilings repaired .....	17
Number of floors repaired .....	32
Number of chimney stacks repaired or rebuilt .....	5
Number of fire grates repaired or renewed .....	16
Number of washboilers repaired or renewed .....	3
Dampness remedied .....	17
Lighting remedied .....	1
Offensive accumulations removed .....	6

*Smoke Abatement.*

Number of observations made	.....	.....	.....	2
Number of visits made	.....	.....	.....	2

*Tents, Vans, Sheds, etc.*

Number of inspections made	.....	.....	.....	16
Number of contraventions found	.....	.....	.....	2
Number of contraventions remedied	.....	.....	.....	2

*Water Supply.*

Number of samples taken for analysis	.....	.....	.....	4
Number of samples found unsatisfactory	.....	.....	.....	0
Number of visits <i>re</i> water supply	.....	.....	.....	135

*Remedy of Defects during the year without Service of Formal Notices*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or officers	.....	.....	.....	137
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## ACTION UNDER STATUTORY POWERS DURING YEAR.

*Housing.*

The housing position generally causes some concern. Outside the "Declaratory Area" there are approximately 600 houses in the City which warrant drastic action, but until the housing shortage is less acute, we can only touch upon the fringe of the problem.

Progress in the repair of houses is also slow, due to shortage of labour and materials, and we frequently find that, despite the willingness of the owners, four to six months elapse between the service of a notice and the completion of the repairs.

(A) *Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	.....	.....	.....	4
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—				
(a) By owners	.....	.....	.....	4
(b) By Local Authority in default of owners	.....	.....	.....	0

(B) *Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which Notices were served requiring defects to be remedied	.....	.....	.....	4
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—				
(a) By owners	.....	.....	.....	9
(b) By Local Authority in default of owners	.....	.....	.....	0

(c) *Proceedings under Sections 11 and 13 of Housing Act, 1936.*

(1) Number of dwelling-houses in respect of which Demolition Orders were made .....	0
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .....	0
(3) Number of dwelling-houses rendered fit in consequence of undertaking given by owner .....	0
(4) Number of dwelling-houses in respect of which undertaking from owners accepted not to re-let houses for human habitation .....	0

(D) *Proceedings under Section 12 of Housing Act, 1936.*

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .....	0
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .....	0

(E) *Housing Act, 1935. Overcrowding.*

(1) (a) Number of dwellings overcrowded at end of year	42
(b) Number of families dwelling therein .....	163
(c) Number of persons .....	397
(2) Number of new cases reported during year .....	61
(3) (a) Number of cases of overcrowding relieved during year .....	44
(b) Number of persons concerned in such cases .....	322
(4) Particulars of any cases in which dwelling-houses again became overcrowded after the Local Authority have taken steps for the abatement of overcrowding .....	0

## SUPERVISION OF FOOD SUPPLIES.

*Food Premises.*

Controls brought by the war have proved of decided advantage in connection with food premises generally. Before new premises can be opened, a licence must be granted by the Food Executive Committee and this Committee invariably seek our opinion on the premises. This ensures that all newly licensed premises comply with our requirements in respect of washing facilities and sanitary accommodation for staff and patrons.

Some of the older establishments do not satisfy modern requirements, but it will take some time before conditions are generally satisfactory.



There is a real need for making the personnel employed in the handling of food "hygiene conscious," and it is hoped that during the coming year education on these lines will be started.

Number of inspections of places where food is prepared 1044

### Milk.

#### (1) School Milks (Pasteurised).

Total number of samples taken.....	.....	.....	222
Total number of samples satisfactory	.....	.....	177

#### (2) Designated Milks other than School Milks.

##### Pasteurised Milk.

Total number of samples taken	.....	.....	465
Total number of samples satisfactory	.....	.....	444

##### Tuberculin Tested.

Total number of samples taken	.....	.....	130
Total number of samples satisfactory	.....	.....	90

##### Tuberculin Tested (Certified).

Total number of samples taken	.....	.....	1338
Total number of samples satisfactory	.....	.....	999

##### Accredited.

The routine sampling of the Accredited Milks indicated that the methods of production were far from satisfactory, and during the year the registrations of six Accredited Producers were revoked or not renewed.

Total number of samples taken	.....	.....	122
Total number satisfactory	.....	.....	75

#### (3) Raw Milks.

Total number of samples taken	.....	.....	97
Total number satisfactory	.....	.....	46

#### (4) Ministry of Agriculture and Fisheries. National Milk Testing Scheme.

Total number of samples taken	.....	.....	688
Category "A" (good keeping quality)	.....	.....	366
Category "B" (moderate keeping quality)	.....	.....	167
Category "C" (poor keeping quality)	.....	.....	155

#### (5) Biological Testing for Tubercle Bacilli.

Number taken	.....	.....	.....	62
Number positive	.....	.....	.....	3

Notification of these Positive results were forwarded to the Animal Health Division of the Ministry of Agriculture and Fisheries and, as a result, three animals were slaughtered under the Tuberculosis Order, 1938.

(6) *Rinses of Bottles, Dairy Utensils, etc.*

During the year we commenced the bacteriological testing of dairy equipment and the results leave much to be desired. Many of the dairies are too small and inadequately equipped to ensure the satisfactory handling of milk. Three dairymen have undertaken to obtain new premises and instal the requisite facilities for steam sterilisation.

Number taken	.....	.....	.....	.....	224
Number satisfactory		.....	.....	.....	86

(7) *Dairies.*

Number of persons registered	.....	.....	87
Number of premises registered	.....	.....	87
Number of inspections made	.....	.....	377
Number of contraventions found	.....	.....	2
Number of contraventions remedied	.....	.....	2

(8) *Cowsheds.*

Many of the cowsheds need reconstruction and draft plans have been prepared for two Producers who have agreed to the erection of new buildings, complete with dairies and facilities for steam sterilisation.

Number of premises registered	.....	.....	39
Number of persons registered	.....	.....	36
Number of milch cows in Districts	.....	.....	459
Number of inspections made	.....	.....	163
Number of contraventions found	.....	.....	9
Number of contraventions remedied	.....	.....	7
Number of contraventions outstanding at end of year			2

*Meat.**Abattoir.*

The repair of the sheep slaughter hall was commenced on but the shortage of labour and the severe weather seriously interfered with the work. It is hoped, however, that the work will be completed soon in order to relieve the congestion in the beast slaughter hall.

The Abarroir continues to be the central place of slaughter for the area comprising St. Thomas R.D.C., Dawlish, Chagford, Crediton U.D.C. and R.D.C., Exmouth, Budleigh Salterton and Sidmouth.

The number of animals killed and the results of the post-mortem examination are appended in the tabulated form required by the Ministry of Health.

Records of all condemnations are supplied daily to the office of the Ministry of Food.

	Beasts.	Calves.	Sheep and Lambs.	Pigs.
No. slaughtered .....	6,907	7,679	37,296	871
No. inspected .....	6,907	7,679	37,296	871
<i>Diseases except Tuberculosis.</i>				
Whole carcasses condemned	34	37	332	14
Carcasses of which some part or organ was condemned	2,920	73	4,862	112
Percentage of number inspected affected with disease other than Tuberculosis .....	42.76	1.43	13.91	14.47
<i>Tuberculosis.</i>				
Whole carcasses condemned	130	4	0	14
Carcasses of which some part or organ was condemned	876	2	0	25
Percentage of number inspected affected with tuberculosis .....	14.56	0.08	0	4.48

### Other Foods.

#### *Inspection of Foodstuffs, other than Milk and Meat.*

Number of Fish inspections .....	20
Number of Provision inspections.....	108
Number of miscellaneous inspections .....	246
Total weight of Meat and Other Foods condemned.—107 tons, 15 cwts., 12 lbs., 1 $\frac{3}{4}$ ozs.	

### FOOD AND DRUGS ACT, 1938.

During the year 107 samples of milk were procured and 147 samples of miscellaneous foodstuffs, making a total of 55 Formal and 199 Informal samples.

### Legal Proceedings.

Nature of Offence.	Result.
(1) 14% added water (gin) .....	Fine £10, Costs £2 2s. 0d. Total £12 2s. 0d.
(2) 9% deficient in fat (milk)	Dismissed.
(3) 11% deficient in fat (milk)	Dismissed.
(4) 8% deficient in fat (milk)	Proved. Dismissed under Probation of Offenders Act.
(5) 7% deficient in fat (milk)	Dismissed on payment of 4s. costs, Analyst's fee £1 1s. 0d. Total £1 5s. 0d.
(6) 25% deficient in carbon dioxide (baking powder)	Dismissed under Probation of Offenders Act on payment of costs 4s., Analyst's fee £1 1s. 0d. Total £1 5s. 0d.
(7) Selling and having in possession for the purpose of sale, meat pies which were unfit for human consumption	Firm fined a total of £40 plus £5 5s. 0d. costs. Manager fined £10 plus £3 3s. 3d. costs. Total £58 8s. 0d.



A number of samples of foot powder were reported as being incorrectly described, and following correspondence with the Pharmaceutical Society it was agreed to accept an undertaking from the vendor that the labels would be amended.

The sampling of some iodine preparations showed the presence of small quantities of paraffin oil which, it transpired, was due to the presence of paraffin wax in the stopper used by the manufacturers, who were notified of this.

A sample of grey powder was found to be deficient in mercury and as the fault was probably due to unskilful preparation, the vendors were notified and the whole of the consignment was withdrawn from sale.

The following informal samples were adversely reported upon by the Public Analyst, but the "follow up" samples were satisfactory :—

Milk	.....	.....	.....	3
Seidlitz powder	.....	.....	.....	1
Baking powder	.....	.....	.....	1
Sal Volatile	.....	.....	.....	1

A sample of milk was found to be 7% deficient in fat. The Devon County Council were requested to take a "follow up" sample, which proved to be 2% deficient in fat, and the producer was warned.

Informal samples of pea flour and sponge and steam pudding mixture were found to be infested with meal mites, and a sample of Seidlitz powder was found to contain an excess of 34% sodium bicarbonate. In each of these three cases the stocks were exhausted before formal "follow up" samples could be taken.

A sample of iodine solution was found to be 16% deficient in iodine and to contain 13% excess of potassium iodide as declared on the label. This case was referred to the Pharmaceutical Society and the product was withdrawn from sale.

The label on a Scofa brown scone meal did not disclose the actual vitamin content, and the matter was referred to the Food Standard and Labelling Division of the Ministry of Food.

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## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

The accompanying table shows the notifiable infectious diseases which occurred in the City during 1946. It will be observed that only 5 cases of diphtheria were notified and that the single death was that of a child who had not been immunised. There was one death from measles,\* one from meningitis and one from erysipelas. The correct diagnosis in the last two fatalities was tuberculous meningitis and pyaemia.

\* This Death actually occurred in 1947, but the case was notified in 1946.

Of the 5 cases of *enteric fever* 2 were typhoid and 3 paratyphoid "B." Only one of these, a case of typhoid (Type 91), originated in the City, the remainder had their origin elsewhere and were notified by the Royal Devon and Exeter Hospital.

*Scarlet Fever* in a mild form has been prevalent throughout the year, with 116 notifications against 84 the year before. Its very mildness has made control difficult, for it is highly probable that in some cases its presence is not suspected and no medical practitioner is called. These very mild cases remain, however, a source of infection for two or three weeks. It has been my view for many years that there is no need to send mild uncomplicated cases of scarlet fever to hospital provided that there are reasonably good facilities for isolation at home. Indeed, seeing that scarlet fever is the response by certain individuals to invasion by one of a group of erythrogenic streptococci, it would be equally logical to send to hospital all septic throats. Moreover, until we have facilities for nursing scarlet fever in cubicles or small wards rather than large open wards, there is the theoretical possibility of patients contracting illness due to other kinds of streptococci while being treated for scarlet fever. Various measures can be and are taken to avoid this, but nevertheless the theoretical risk remains. These things being so, there is some advantage in treating selected cases of scarlet fever at home, if circumstances are favourable and householders are willing to put up with the temporary inconvenience involved. The fact that 108 cases out of 116 notifications of scarlet fever were sent to hospital is partly an indication of the inconvenience of keeping infectious disease at home—especially under present day housing conditions—and partly the result of local custom. It does not indicate any degree of severity; on the contrary, the type has been almost always mild. Be this as it may, scarlet fever remains quite rightly a notifiable disease, and medical practitioners are under a legal obligation to notify forthwith all cases to which they may be called. A generation ago, one sometimes used to hear people, including doctors, describe mild cases as "only scarlatina." *Febris scarlatina* is, of course, merely the Latin for scarlet fever and the two diseases are, in fact, one and the same. The name is a survival of the days when Latin was the universal language of Science. Since a mild case of scarlet fever is capable of giving rise to a severe one, and since few of the infectious diseases, if improperly treated, have so many and such troublesome complications, it is still important to keep an eye on scarlet fever.

The work of *immunising children against diphtheria* has been carried on as vigorously as possible, but has suffered to some extent from shortages in the staff of Health Visitors.

During the year, 1,121 children of all ages under fifteen completed courses of immunisation, and of those 928 were in the under-five group. In addition, 1,644 reinforcement doses



were given to those immunised in early childhood who had reached school age. These figures exceed those reported last year, which were 1,101, 833 and 557 respectively. Immunisation is now offered at nine months old and there is reason to think that children immunised at this early age should have a reinforcing dose about three years later, as well as on reaching compulsory school age.

In addition, some Schick sampling of immunised children was carried out which, so far as it goes, suggests that the antigen used is satisfactory. Of the 5 cases of diphtheria notified in Exeter, 4, including one fatal case, occurred in unimmunised children. The fifth child had been immunised, but there is some doubt clinically as to whether this was actually an example of true diphtheria or a temporary carrier state.

The steps to be taken by major Local Authorities in accordance with Circulars 193/45 and 194/45 were incorporated in a memorandum which was reprinted in last year's Report. The important paragraph of Circular 194, viz., paragraph 7, was quoted in full. These steps have been carried out. At the end of each quarter a careful check is made regarding the position of all children attaining the age of one year during the quarter. Those children whose parents for one reason or another decline or postpone immunisation are listed and followed up.

At the end of the year it was estimated that 51.1% children in the under-five group had been immunised, and 87.3% children in the five-to-fifteen group.

Towards the end of the year there was a sharp outbreak of *measles*, 50 cases being notified in the week ending 7th December. The outbreak was of epidemic proportions and reached its peak in the first week of January, 1947. The cubicle block at the Isolation Hospital enables us to admit and deal effectively with the serious complications which may occur in young children. The judicious use of the sulphonamides and penicillin should go a long way towards making these complications less dangerous to life than they used to be. A limited amount of convalescent serum has been made available by the Public Health Laboratory Service for preventing or modifying the attacks in selected cases. It is also well recognised that adequate doses of pooled adult serum may be equally effective. The protective effect of serum is quite short-lived, probably not more than three or four weeks ; but this may be sufficient to tide a delicate child over the critical period. In some respects, it is better to aim at a modified attack of measles as this gives immunity of considerable duration.

Probably the most noteworthy epidemiological event during the year was the arrival during the first six months in British ports of ships from India infected with *smallpox*. A number of these ships arrived between January and June and were dealt with in the usual way ; that is to say, the actual cases of smallpox were removed to hospital, if they had not already been dis-



embarked *en route*, while contacts were examined, vaccinated and allowed to proceed to their destinations. The medical officers of health of the various places concerned have the duty of supervising these contacts during the possible incubation period of smallpox, as well as of tracing those who have not arrived at their stated destination, or, having arrived, proceeded elsewhere. Altogether, some 65 persons were supervised in Exeter. There were one or two anxious moments when contacts or members of their families developed vague illness during the material period, but fortunately no cases of smallpox arose. During the period mentioned, 55 cases of major smallpox occurred in England. Fifteen of these brought their infection from abroad, but forty were certainly infected in this country and, presumably, by imported cases.

The vaccinal state of the community as a whole is not satisfactory, although a very large number of ex-Service men and women must still be well protected. There is therefore some chance of smallpox breaking out on a large scale, particularly if the first cases are mild or atypical, or for some other reasons are not promptly recognised.

It may be remarked that the National Health Service Act, 1946, repeals the Vaccination Acts, and so the Vaccination Officer and the Public Vaccinator disappear. I do not suppose anyone will regret the repeal of the Vaccination Acts, which were out of date, easily evaded, and almost a dead letter. I feel, however, that the Vaccination Officer and the Public Vaccinator have not become entirely useless. On the contrary, they had between them the duty of drawing the attention of parents to the desirability, if not the legal necessity, of primary infant vaccination. Indeed, it was the Public Vaccinator's duty to call upon parents and offer to vaccinate infants of four months old who had not already been vaccinated or exempted from vaccination. In this way, there is no doubt that many vaccinations were performed which parents would not otherwise have troubled about, rather from a negative attitude of mind than from any active opposition. In addition, the Public Vaccinator became an expert not only in the correct technique which admittedly is easily enough required, but also in the correct interpretation of results which is a matter of experience. It is stated in the new Act that Local Health Authorities shall arrange for vaccination to be performed by those medical practitioners taking service under the Act. I cannot imagine that the average general medical practitioner will want to be bothered with this minor immunological operation, even if he practises from a health centre complete with staff and clerical assistance. And so it is to be feared that the custom of *primary* vaccination of infants will lapse with two certain consequences. First, an almost completely unprotected population, and secondly a vast number of *primary* adult vaccinations with the attendant risk and inconvenience if and when a smallpox epidemic comes.

## NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Cases Notified.													Cases admitted to I. Hospital	Deaths.												
													Total														
	Under 1	1	2	3	4	5	10	15	20	35	45	65 & over			Under 1	1	2	3	4	5	10	15	20	35	45	65 & over	
Diphtheria, including Membranous Croup					2	2		1					5					1							1		
Scarlet fever		2	3	7	16	43	23	5	10	7			116	108													
Enteric Fever		1			2		1	1					5	3													
Dysentery (8 County cases)	6	6				1	1	2				1	17	13													
†Puerperal Pyrexia							3	14	6				23														
Pneumonia		1	1	1	2	4	6	6	7	16			44														
Cerebro-Spinal Fever			2	1									3	1											1		
Erysipelas													9	2											1		
Poliomyelitis		1					1						2	1													
Whooping Cough	18	18	20	13	25	31	1	1					127	2													
Measles	12	31	51	65	74	275	15	4	4	2			533	13	1*												
Ophthalmia Neonatorum	2												2														

† 8 of these cases were admitted to the Local Genl. Hospital from the County Area for diagnosis and notified by the Hospital authorities.  
 \* Died in 1947.

## VACCINATION.

No primary vaccinations were carried out by the Medical Officer of Health or his staff under the Smallpox Regulations, 1917.

The latest statistics available are for the year 1945 and are as follows :—

Births registered	.....	.....	.....	1670
Vaccinated	.....	.....	.....	957
Insusceptible	.....	.....	.....	4
Statutory Declaration received	.....	.....	.....	462
Died unvaccinated	.....	.....	.....	69
Postponed	.....	.....	.....	9
Removed to other districts	.....	.....	.....	158
Removed to places unknown	.....	.....	.....	5
Unaccounted for	.....	.....	.....	6

It will be noted that 57.3 per cent. of the infants were vaccinated, which is 2.6 per cent. below that of the previous year.

The partially protected condition of the population may seem unsatisfactory, but experience shows that in the presence of an outbreak of smallpox the public readily accepts vaccination.

Cases of post-vaccinal encephalitis—*Nil*.

## CANCER.

The following table shows deaths from cancer during the past ten years :—

Year.....	.....	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
Deaths	.....	117	121	127	144	151	142	116	143	114	129

The next table shews deaths from cancer during the past year according to age periods and sex.

0-1		1-2		2-5		5-15		15-45		45-65		65 & over		Total	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	—	3	5	20	21	31	49	54	75

The facilities for diagnosis and treatment were fully described in the Report for 1936. There has been no change. A comprehensive scheme for the diagnosis and treatment of cancer for Devon, Cornwall, Plymouth and Exeter is under consideration.



## TUBERCULOSIS.

The figures again shew a downward trend. At the end of the year there were 441 persons on the Tuberculosis Register, against 472 the previous year. There were 129 notifications in 1946, against 144 in 1945, and deaths numbered 43, against 52.

At no time during the year was there any serious difficulty about finding beds for cases of pulmonary tuberculosis, although shortage of staff seems to have become a permanent feature of all hospital work. The additional beds at the Devon County Council's Sanatorium at Hawkmoor are still not available. There has been no change in the arrangements for treatment. The following table shows at a glance the tuberculosis statistics for the City during 1946.

*Tuberculosis Statistics for the City during 1946.*

Total cases on Register, 1st January .....	472
Pulmonary .....	325
Non-Pulmonary .....	147
Total notifications received after deduction of 5 duplicates, but including 35 received otherwise than by formal notification .....	129
Pulmonary .....	107
Non-Pulmonary .....	22
Deaths during the year from tuberculosis .....	43
Pulmonary .....	33
Non-Pulmonary .....	10
Deaths during the year of tuberculous patients from other causes .....	3
Pulmonary .....	3
Non-Pulmonary .....	—
Outward Transfers .....	42
Pulmonary .....	35
Non-Pulmonary .....	7
No. of cases removed from Register as “ Recovered ” or “ Mistaken Diagnosis ” .....	61
Pulmonary .....	27
Non-Pulmonary .....	34
Taken off Register under “ The Public Health (Tuberculosis) Regulations, 1930 ” .....	11
Pulmonary .....	4
Non-Pulmonary .....	7
Total cases on Register, 31st December .....	441
Pulmonary .....	330
Non-Pulmonary .....	111

The following table shows notifications and deaths during the year arranged according to ages :—

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	1	—	—	—	—	—	—	—
5	2	—	4	3	—	—	—	1
10	1	1	2	1	—	—	1	1
15	4	5	3	—	—	1	—	—
20	8	11	—	—	1	1	—	—
25	12	5	—	—	4	3	1	—
35	4	5	1	—	5	5	1	1
45	7	4	—	—	5	2	1	—
55	2	4	—	1	1	2	—	1
65 and upwards	1	1	1	—	3	—	1	1
Totals	42	36	11	5	19	14	5	5
94				43				

Ten cases were notified after death. These were 6 pulmonary and 4 non-pulmonary. In addition, there were 2 pulmonary cases in which the diagnosis was made shortly before death.

In my last Report a statistical table showing the mortality in Exeter from tuberculosis during the war years was given. This is now reproduced and brought up to date :—

Year	DEATHS.			DEATH RATES.			DEATHS OF CHILDREN UNDER 5.
	Pulmon-ary	Non-Pulmon-ary	Total	Pulmon-ary	Non-Pulmon-ary	Total	
1939	42	10	52	0.59	0.14	0.73	2
1940	46	3	49	0.62	0.04	0.66	1
1941	47	13	60	0.57	0.16	0.73	3
1942	41	8	49	0.55	0.108	0.658	1
1943	44	11	55	0.64	0.16	0.80	2
1944	47	7	54	0.68	0.1	0.78	1
1945	42	10	52	0.62	0.14	0.76	0
1946	33	10	43	0.45	0.14	0.59	0

*Maintenance Allowances—Memorandum 266/T.* During the year, 25 maintenance allowances were granted under the above Memorandum, the average grant made at the time of application being 32s. 10d. per week for applicants with dependants, and 15s. 6d. per week for those without dependants. These grants are, of course, subject to alteration from time to time, to allow for any reduction in National Health Insurance benefits, admission to sanatoria, etc., Four special payments and 2 discretionary allowances were also granted.

The arrangements continue to work satisfactorily.

The total expenditure for the year was £961, all of which will be reimbursed by the Ministry.

## INSTITUTIONAL TREATMENT.

### *Tuberculosis Unit, Exeter Isolation Hospital.*

Remaining under treatment on 1st January 1946			Admitted during the year			Discharged during the year			Deaths during the year.			Remaining under treatment 31st Dec., 1946.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
18	16	34	37	20	57	36	23	59	6	3	9	13	10	23

### *Honeylands Children's Sanatorium, Whipton.*

Remaining under treatment 1/1/46.			Admitted during the Year.			Discharged during the Year.			Remaining under treatment 31/12/46.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
9	9	18	12	8	20	8	12	20	13	5	18

During the year 17 patients from the T.B. Unit, Exeter Isolation Hospital, were transferred to the Royal Devon and Exeter Hospital, and the following operations were performed :—

	Men.	Women	Total.
Thoracoplasty	1	2	3
Adhesion Section	5	4	9
Phrenic nerve crush or evulsion	3	2	5
	9	8	17



## OTHER INSTITUTIONS.

Institution.	Condition for which treated.	Remaining under treatment on 1-1-46.			Admitted during Year.			Discharged during Year.			Deaths during the year.			Remaining under treatment on 31-12-46.	
		M	F	Total	M	F	Total	M	F	Total	M	F	T'l	M	F
Princess Elizabeth Orthopaedic Hospital, Exeter	Spine .....	2	1	3	1	3	4	3	4	7	0	0	0	0	0
	Hip .....	1	0	1	5	2	7	5	1	6	0	0	0	1	1
	Ankle .....	1	0	1	5	0	5	5	0	5	0	0	0	1	0
Royal Devon and Exeter Hospital Exeter	Genito-urinary .....	0	0	0	6	0	6	6	0	6	0	0	0	0	0
	Neck Glands .....	1	1	2	5	2	7	6	3	9	0	0	0	0	0
	Ischiorectal .....	0	0	0	1	0	1	1	0	1	0	0	0	0	0
	Lungs .....	1	0	1	13	11	24	12	10	22	1	1	2	1	0
City Hospital, Exeter	Hip .....	0	1	1	0	0	0	0	0	0	0	0	0	0	1
	Lungs .....	0	1	1	0	0	0	0	0	0	0	1	1	0	0
	Abdomen .....	0	0	0	0	1	1	0	1	1	0	0	0	0	0
	Genito-urinary .....	1	0	1	0	1	1	1	0	1	0	1	1	0	0
St. Michael's Hospital, Hayle, Cornwall	Genito-urinary .....	0	0	0	1	0	1	0	0	0	1	0	1	0	0
Lawkmoor Sanatorium, Bovey Tracey	Lungs .....	0	0	0	0	5	5	0	1	1	0	0	0	0	4
Reston Hall, Maidstone, Kent	Lungs .....	3	0	3	1	0	1	1	0	1	0	0	0	3	0
Kewstoke Emergency Hospital, Weston-super-Mare	Lungs .....	1	0	1	0	0	0	1	0	1	0	0	0	0	0
King Edward VII Sanatorium, Midhurst, Kent	Lungs .....	0	0	0	0	1	1	0	1	1	0	0	0	0	0
Total .....	.....	11	4	15	38	26	64	41	21	62	2	3	5	6	6

The 33 admissions of non-pulmonary cases in this table refer to 22 patients, some of whom were admitted more than once.

## TUBERCULOSIS DISPENSARY.

The following particulars are given of cases under supervision at the Dispensary by the Clinical Tuberculosis Officer :—

	PULMONARY.				NON-PULMONARY				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Number of definite cases of Tuberculosis on Dispensary Register at the beginning of the Year .....	151	101	15	18	27	37	26	25	178	138	41	43	400
Number of new cases diag- nosed as Tuberculous during the Year .....	39	32	3	—	4	—	6	3	43	32	9	3	87
Transfers .....	10	16	1	—	2	4	—	—	12	20	1	—	33
Returned .....	2	4	—	—	—	—	—	—	2	4	—	—	6
Number of cases written off Dispensary Register													
Recovered .....	10	6	—	4	5	9	10	7	15	15	10	11	51
Dead (all causes) .....	18	12	—	—	1	1	1	1	19	13	1	1	34
Removed to other areas .....	20	14	—	1	3	4	—	—	23	18	—	1	42
For other reasons .....	11	3	1	1	3	5	1	2	14	8	2	3	27
Number of Persons on Dis- pensary Register on De- cember 31st :—													
Only Tuberculous .....	143	118	18	12	21	22	20	18	164	140	38	30	372

In addition to the notified cases shewn above, a further 281 new cases (228 adults and 53 children) were referred to the Tuberculosis Officer for examination during the year. Of these 268 (226 adults and 42 children) were diagnosed as not suffering from tuberculosis and removed from the Dispensary List, the remaining 13 being kept under observation at the Dispensary pending definite diagnosis. 105 new contacts were examined and 307 attendances were made by other contacts already known to the Department.

In all, 1,874 attendances were made by patients and contacts at the Dispensary during 1946. 177 home visits were made by the Tuberculosis Officer, and 856 by the Tuberculosis Dispensary Nurse.

## BACTERIOLOGICAL EXAMINATIONS.

During the year 666 specimens of sputa were examined at the Dispensary. Other examinations are carried out at the Pathological Department of the Royal Devon and Exeter Hospital.

## X-RAY EXAMINATIONS.

During the year 1,248 X-ray examinations were made (910 films and 338 screens). Of this total, 18 films were taken on behalf of the Ministry of Labour and National Service, and 36 films were taken in accordance with the instructions contained in Ministry of Health Circular 33/44, dated 21st March, 1944, referring to the medical examination of hospital staffs.

## VENEREAL DISEASE.

With the approval of the Ministry of Health, the special clinic for these diseases is held at the Royal Devon and Exeter Hospital. The clinic deals with patients from the City and the County.

The hours of attendance are :—

Men ..... Mondays, 3—5 p.m., and  
Fridays, 6—8 p.m.  
Women ..... Fridays, 3—5 p.m., and  
Mondays, 6—7 p.m.

Attendances are not limited to clinic hours, but patients attend at other times for interim treatment. These arrangements are made known to all medical practitioners in the City.

There is also an arrangement with the authorities of St. Mary's Home (voluntary) for the treatment of unmarried mothers.

Although the incidence of venereal disease in Exeter has never been high, as shown in the following table, there has been a sharp rise in the new cases recorded during 1946. It is understood that this rise, especially as regards syphilis, has been observed throughout the country. The figures for syphilis are probably fairly accurate ; as a good many cases of gonorrhoea are treated privately the figures for that disease are less reliable.

It is obvious that continued instruction of the public about the dangers of venereal disease is essential.

*Venereal Disease. Exeter.*

Year	New cases of Syphilis.	New cases of Gonorrhoea.	New cases of Chancroid.	Examined and found not to be suffering from V.D.
1939	13	52	—	58
1940	9	36	—	66
1941	16	31	—	78
1942	23	42	—	65
1943	11	23	1	99
1944	34	19	—	134
1945	30	25	—	116
1946	53	56	—	202



The total attendances of out-patients during the year amounted to 2,160, against 1,273 the previous year.

Examination of pathological material (1945 figures in brackets) :—

For spirochetes	.....	.....	37	(14)
For gonococci	.....	.....	669	(616)
Wasserman and Kahn reaction	.....	1222	(903)	
Other tests	.....	.....	103	(81)

The following figures apply to the entire department and are not given separately for the City and County (1945 figures in brackets) :—

Number of cases who ceased to attend out-patient clinic :—

Before completing a course of treatment 35 (29)

Number of cases transferred to other treatment centres or to care of private practitioners ..... 75 (68)

Number of patients discharged from out-patient clinic after completion of treatment and observation ..... 461 (298)

Number of cases which ceased to attend after completion of treatment, but before final tests of cure ..... 4 (—)

Number of cases who, on 31.12.46 were under treatment or observation ..... 197 (115)

772 (510)

The total number of cases under treatment at the end of the year showed an increase of 82. The Clinic Medical Officer has the services of an almoner to assist in the following up of defaulters. He reports that the arrangement is satisfactory.

#### *Defence Regulation 33B.*

In 1 case two Forms I were received in respect of a contact and the necessary action was taken. Altogether 9 single Forms I were received in respect of alleged contacts. It was possible to take informal action in 7. The particulars in the remaining forms were too vague to permit of enquiries being made.

Informal action outside the scope of the regulations resulted in 7 contacts being traced, 6 of which submitted to examination or were already under treatment.

### INFANT LIFE PROTECTION.

On the 31st December, 1946, there were 42 foster children in the City, and the number of registered foster mothers was 38.

The Health Visitors paid 258 visits to foster mothers during the year. The figures for the previous year were 57, 49 and 303 respectively. Necessary action was taken whenever conditions were found to be unsatisfactory, and everything possible was done to encourage foster mothers to attend the child welfare centres regularly with their children when these were of appropriate age.

### MATERNITY AND CHILD WELFARE.

The arrangements for Child Welfare Centres—Ante-Natal and Post-Natal Clinics and associated activities—have remained the same as in 1945 and have proved adequate.

In present circumstances it has not been possible to do anything about building the proposed new Northern Centre on the site selected at Honeylands.\*

Health Visitors give approximately one-third of their time to the work of the Public Health Department, including the investigation of cases of infectious disease, one-third to Maternity and Child Welfare duties, and one-third to the work of the School Health Department.

### I.—CHILD WELFARE CENTRES.

Centre.	Average No. of Infants on Books.	Average No. of Attendances of Children.
Central District .....	201	60.5
Western District .....	306	69.1
Northern District .....	327	78.7
Eastern District .....	348	68.1

Altogether 1,611 children under school age attended the Centres, making 13,827 attendances. The attendances of the various age groups were as follows :—

	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	Total.
Central .....	1803	715	341	163	82	3104
Western .....	2449	472	264	149	119	3453
Northern .....	2636	603	350	238	169	3996
Eastern .....	2324	489	251	123	87	3274
Total .....	9212	2279	1206	673	457	13827

\* A temporary branch of the Northern Centre was opened at Whipton early in 1947.

## II.—MUNICIPAL ANTE-NATAL AND POST-NATAL CENTRE

No. of sessions held	.....	100
No. of mothers attending	.....	327
Total attendances	.....	1456

## Of new cases :—

Ante-Natal	.....	251
For diagnosis	.....	3
Post-Natal	.....	1

## Referred by :—

Doctors at Welfare Centres	.....	3
Health Visitors	.....	—
Midwives	.....	—
Private practitioners	.....	3

Miscellaneous (e.g., by office staff in cases already sanctioned by the Committee for the Maternity Home, by other mothers attending the Clinic)	.....	249
--	-------	-----

## Referred for treatment :—

Dental treatment	.....	74
Royal Devon and Exeter Hospital	.....	18
Birth Control Clinic	.....	—
Eye Infirmary	.....	1
Dispensary	.....	—
V.D. Clinic	.....	8

## III.—MIDWIVES ACT, 1936.

Summary of work carried out by the Exeter Maternity and District Nursing Association on behalf of the City Council during the year.

	Total.
No. of cases attended as midwives	256
No. of visits as midwives	5146
No. of cases attended as Maternity Nurses	159
No. of visits to cases as Maternity Nurses	3237
Total number of cases seen at the Clinics	557
Attendances at the Clinics	2774
Examined by Doctor	757
Visits to patients' homes	1628
Total number of cases seen at the Post-Natal Clinics	68
Total number of attendances	379
Examined by Doctor	68
Total number of Medical Aid Forms, for Mother or Baby	96
Total number of Medical Aid Forms, for Mother, ante-natal	22
Total number of cases referred to Hospital	34
No. of cases dealt with under lying-in-charity	9



During the year 619 mothers attended the Associations' Ante-Natal and Post-Natal Clinics, making 3,153 attendances. Of this total, 825 attendances were to see the Association's medical officers, and 2,328 to see nurse-midwives.

The Association also undertakes nursing of the sick poor on behalf of the Public Health Committee. During the year, 2,365 nursing visits were made at the instance of various medical officers employed by the Council.

#### IV. PROVISION OF MILK AND FOODSTUFFS.

The Government National Milk Scheme came into being on 1st August, 1940, and thereafter the Council ceased to distribute liquid milk. The Council has continued to supply dried milks modified for infant feeding under its previous arrangements and on medical certificate up to 26th February, 1943.

The Ministry's scheme for the distribution of fruit juices and vitamin-containing preparations came into being on 8th December, 1941.

The Council has continued to supply certain medicinal foods and special preparations. These are available at cost price, or free on the basis of the National Milk Scheme scale.

#### V.—BIRTHS.

1,418 notifications of live births were received during the year; 98.37 per cent. of the notifications were made by midwives, and 1.63 per cent. by medical practitioners or relatives.

In 337 instances the midwives summoned medical help, in accordance with the rules of the Central Midwives Board, while 92 other notifications in connection with still births, artificial feeding, etc., were received.

The conditions for which the midwives summoned medical aid were as follows :—

Premature labour	.....	.....	.....	6
Ruptured perineum	.....	.....	.....	112
Prolonged labour	.....	.....	.....	48
Abnormal presentation	.....	.....	.....	11
Ante-partum haemorrhage	.....	.....	.....	13
Post-partum haemorrhage	.....	.....	.....	11
Adherent placenta	.....	.....	.....	2
Stillbirth	.....	.....	.....	3
Albuminuria	.....	.....	.....	14
Miscarriage	.....	.....	.....	8
Rise of temperature	.....	.....	.....	21
Unsatisfactory condition of mother	.....	.....	.....	38
Unsatisfactory condition of baby	.....	.....	.....	50
Patient's wish	.....	.....	.....	—

## VI.—STILLBIRTHS.

The number of stillbirths during the year was 42, including 1 inward transfer. Of the 41 stillbirths, 26 were attended by doctors and 15 by midwives.

These may be classified as follows :—

	Macerated, <i>i.e.</i> , died at some time prior to birth.	Non- Macerated.
Difficult labour and abnormal presentations	6	15
Malformation of Infant .....	—	3
Toxaemia of pregnancy and albuminuria .....	4	—
Ante-Partum Haemorrhage .....	1	2
Ill-health of, or accident to mother .....	3	1
No cause assigned .....	4	2
Totals .....	18	23

## VII.—HOME VISITS UNDER THE NOTIFICATION OF BIRTHS ACTS.

During the year, the health visitors paid 1,106 first visits and 4,238 subsequent visits to children under the age of 12 months and 5,259 visits to children between the ages of 12 months and 5 years.

## VIII.—MATERNITY HOME AND SERVICES.

At Mowbray House, Heavitree, 18 beds, together with 2 observation beds are provided. The part-time medical officer, in charge of the clinical work is Dr. Bertha Hinde. Doctors' cases are, of course, attended by their own medical practitioner. The Home is primarily intended for those mothers who cannot conveniently remain at home during childbirth or afford to go to a private maternity home. Complicated and difficult cases are admitted by arrangement to the maternity unit of the Royal Devon and Exeter Hospital.

Admissions were as follows :—

Patients admitted to Mowbray House .....	371
Patients admitted to Royal Devon and Exeter Hospital .....	212
Other Institutions .....	Nil.
Total .....	583

## IX.—BIRTH CONTROL.

A Birth Control Clinic is carried on by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's Memorandum 153/MCW are referred by the Local Authority and granted financial assistance.

Since 1930 a total of 210 cases have been referred. Of these, 11 failed to attend, 9 have left the City, 7 have died, 37 are known to have become pregnant, and 39 have been taken off the books for non-attendance. This statement does not include others who decline to make use of the Clinic's Services.

## X.—DENTAL TREATMENT.

Expectant and nursing mothers are referred for dental treatment by the Medical Officers of the Ante-Natal Clinics, the Welfare Centres and the associated clinics of the Exeter Maternity and District Nursing Association.

Mr. C. A. Reynolds, Senior Dental Surgeon, reports as follows :—

			<i>Expectant &amp; Nursing Mothers.</i>	<i>Pre-school Children.</i>
Number treated	.....	.....	118	91
Attendances	.....	.....	444	120
N <sub>2</sub> O	.....	.....	77	40
Extractions	.....	.....	551	114
Fillings	.....	.....	119	123
Dentures	.....	.....	88	—
Scaling	.....	.....	49	—

In the year ended December 31st, 1946, the work carried out in the Dental Clinic for the Maternity and Child Welfare Committee has shown a considerable increase.

Nursing and expectant mothers treated numbered 118, compared with 72 in the previous year. The outstanding and very encouraging feature here is the increase in the number of fillings—an increase of about 300 per cent. on the previous year. Thus it is apparent that the efforts of the Dental Officers to make their patients realise that loss of teeth is not always inevitable has not been in vain.

No doubt, the success of the treatment of many of the mothers themselves or of their husbands in the Forces during the war has played a great part in bringing about this increase.

There are still the very neglected mouths, however, where some few teeth might be saved, but only to be further neglected and the Dental Officer's time thus completely wasted. Here there is no hesitation in carrying out complete clearance and fitting full dentures—a permanent job—to the great satisfaction of the patient.



Treatment of pre-school children has increased, but many Exeter parents are still unaware of the facilities offered through the Maternity and Child Welfare Centres for the dental treatment of children under school age. Consequently, many children when first inspected at school are found to have teeth which are unsaveable.

The Nurseries are examined periodically by the Dental Officer. Parents are notified of any dental defects, and the majority accept treatment.

### XI.—ORTHOPAEDIC TREATMENT.

During the year 63 children from the Infant Welfare Centres received treatment for the following conditions :—

Congenital deformities	.....	.....	.....	4
Injuries at birth	.....	.....	.....	1
Rickets and sequelae	.....	.....	.....	35
Polio-myelitis	.....	.....	.....	2
Miscellaneous	.....	.....	.....	21

### XII.—OPHTHALMIA NEONATORUM.

Year.	Cases.			Vision unimpaired	Vision im- paired	Total Blind- ness	Re- moved from dis- trict	Deaths	Total
	Noti- fied	Treated.							
		At Home	Hos- pital						
1937	1	1	—	1	—	—	—	—	1
1938	3	—	3	3	—	—	—	—	3
1939	1	1	—	1	—	—	—	—	1
1940	4	2	2	4	—	—	—	—	4
1941	4	1	3	4	—	—	—	—	4
1942	7	3	4	7	—	—	—	—	7
1943	3	2	1	3	—	—	—	—	3
1944	3	1	2	2	—	—	1	—	3
1945	2	1	1	1	—	—	1	—	2
1946	2	—	2	2	—	—	—	—	2

It is many years since a case of this disease resulted in injury to vision. There are special facilities for treatment at the West of England Eye Infirmary and there is good co-ordination between this Institution and the V.D. Clinic at the Royal Devon and Exeter Hospital.

### XIII.—DAY NURSERIES.

As noted in last year's Report, these Nurseries ceased to be "war-time" Nurseries, controlled and paid for by the Ministry of Health, as from 1st April, 1946. For the time being, they are carried on by the Maternity and Child Welfare Committee on a grant-aided basis. The grant amounts to 48.5% of approved expenditure. The position will require reconsideration when the Local Education Authority's Nurseries begin to operate.

In a joint circular, dated 14th December, 1945, the Minister of Health and the Minister of Education express the view that ideally the proper place for children under two years of age is at home, but it is frankly admitted that local circumstances and social conditions may make it desirable to provide some nursery accommodation for younger children. Moreover, the nursery schools to be provided by Local Education Authorities will be open only during times approximating to ordinary school hours and school terms, whereas nurseries provided by a Local Welfare Authority suffer no such limitations.

There remain three Nurseries as before. Two of these, housed in temporary buildings upon land belonging to the Council, take children from twelve months old to five years and are open six days a week, from 7.30 a.m. until 6 p.m., Saturdays 4 p.m. The other Nursery is housed in an old Sunday School and takes children from two years old to five years on five days a week from 8.45 a.m. to 5.15 p.m.

There has been no change in the arrangement whereby these Nurseries care for the children of mothers who are working, and there has been no change in the charges made, viz., 1/- a day for the whole-time Nurseries, and 6d. a day for the part-time Nursery. The catering is carried out by arrangement with the Education Committee. It has also been agreed that the children may make use of the Education Committee's minor ailment and dental clinics. The whole-time Nurseries are visited and the children examined by one of the assistant medical officers every month, and the part-time Nursery quarterly. In addition, the Medical Officer of Health visits the Nurseries in a supervisory capacity about once a fortnight.

The Burnthouse Lane whole-time Nursery was opened on 28th September, 1942, and the Buddle Lane whole-time Nursery on 26th October, 1942. Paul Street part-time Nursery had its origin in a nursery for evacuee children in connection with a centre for mothers at one time organised in the Civic Hall. When this arrangement was no longer required, it became a part-time nursery. The Maternity and Child Welfare Committee has been responsible for it from 23rd June, 1941.

Each Nursery provides 40 places. In the case of the whole-time nurseries, the proportion of children under and over two is officially 15 under-twos and 25 over-twos, but obviously there must be some elasticity to meet particular circumstances.

At present, the Nurseries are always full and there is always a waiting list. It is difficult to forecast the future trend of employment for married women. It does, however, appear that the Nurseries will serve a useful purpose for some time to come, and it seems probable that there will always be a demand for at least



one centrally placed nursery which keeps open throughout the year. Unfortunately, the building at Paul Street is unsatisfactory and is not capable of being improved at reasonable expense. At the same time, it is not at all easy to suggest a site equally convenient, even if building were practicable.

#### XIV.—CARE OF PREMATURE INFANTS.

Under Circular 20/44, dated 22nd March, 1944, steps have been taken to obtain the birth weight of infants on the notification of birth forms, thus enabling Health Visitors to pay special attention to underweight babies.

Additional cots and other apparatus have been provided to the Exeter Maternity and District Nursing Association (responsible for the domiciliary midwifery service under the Midwives Act, 1936) for loan in suitable cases. The police ambulance is equipped with an electrically-heated blanket. An infant oxygen tent is being supplied to the Municipal Maternity Home.

It has not been possible to arrange any special hospital accommodation other than that provided by the Maternity Unit of the Royal Devon and Exeter Hospital; and there is no consulting paediatrician available within a reasonable distance. The appointment of a consulting paediatrician is now under active consideration.

#### XV.—CARE OF ILLEGITIMATE CHILDREN.

The Maternity and Child Welfare Committee has continued to give attention to the recommendations in Circular 2866, dated 1st October, 1943. The majority of illegitimate children are cared for by their relatives and come within the ordinary machinery of the Department. There are a few, however, where various social problems arise which can best be met by the existing voluntary and Service associations dealing with these matters. The real need, as the circular suggests, is for some one officer to co-ordinate existing services and to be in close touch with the Health Visitors and the Maternity Department. An arrangement has been made with the Diocesan Association for the Care of Girls for the Association's Welfare Officer to carry out the necessary work on behalf of the Council. The duties of this officer are important, though possibly not widely understood or appreciated. She has to work in close touch with the Senior Health Visitor, the Matron of the Municipal Maternity Home, the Clerk in charge of the Department, officers of the Social Welfare Committee and various voluntary bodies.

Every effort is made to persuade mothers to bring their children regularly to the Child Welfare Centres, and attendance at the Centres is a condition of registration of foster-mothers.



The extensions at Dunraven Babies' Home (voluntary), mentioned last year, have been put in hand. The grant of £1,000, which the Council has agreed to make towards the cost, is in part intended to implement further arrangements under Circular 2866 concerning the provision for illegitimate infants, and is also intended to bring the Home up to the standard required as part of the local training scheme for the National Nursery Certificate—see Circular 221/45 of 14th December, 1945.

## XVI.—SUPPLY OF SHEETS FOR EXPECTANT MOTHERS.

Circular 154/44, dated 3rd November, 1944. This scheme, whereby expectant mothers can obtain priority dockets up to a maximum of three sheets in certain circumstances, is in operation.

## EXETER ISOLATION HOSPITAL.

Accommodation and ambulance arrangements remain the same.

In addition to the City, the hospital serves the following local authorities by contracts with the City Council :—

St. Thomas Rural District Council.

Dawlish U.D.C.

Exmouth U.D.C.

Budleigh Salterton U.D.C.

Ottery St. Mary U.D.C.

Sidmouth U.D.C.

Seaton U.D.C.

Axminster U.D.C. and R.D.C.

Honiton T.C. and R.D.C.

Crediton U.D.C. and R.D.C.

Okehampton T.C. and R.D.C.

and for the purpose of Circular 2153 (Typhus Fever), Tiverton U.D.C. and Tiverton R.D.C.

At the beginning of the year 16 fever patients remained under treatment, 4 of these being from the County. During the year 309 patients were admitted, 119 from the County and 190 from the City. At the end of the year 29 patients remained under treatment—6 from the County and 23 from the City.

The work of the Tuberculosis Unit at the Hospital is recorded in a separate section of this Report.

1946.

Disease.	Remain- ing.	Ad- mitted.	Discharged.		Deaths.	Remain- ing at end of year.
			Diag- nosis con- firmed.	Diag- nosis not con- firmed.		
Scarlet Fever .....	6	179	151	16	—	18
Diphtheria .....	5	34	13	23	1	2
Vincent's Angina .....	—	1	—	1	—	—
Tonsillitis .....	—	4	3	1	—	—
Enteric Fever .....	—	9	6	3	—	—
Dysentery .....	—	25	18	6	1	—
Mumps .....	1	5	5	1	—	—
Erysipelas .....	—	6	5	—	1	—
Measles .....	—	21	11	1	—	9
Pemphigus Neona- torum .....	—	4	4	—	—	—
C'bro-sp'l Meningitis .....	4	7	4	6	1	—
Whooping Cough .....	—	3	2	—	1	—
Chicken Pox .....	—	7	6	1	—	—
Rubella .....	—	1	1	—	—	—
Poliomyelitis .....	—	1	1	—	—	—
Miscellaneous .....	—	2	2	—	—	—
Totals .....	16	309	232	59	5	29

## NOTES.

*Scarlet Fever.* 1 case was complicated by scabies, 1 by bronchitis, 2 by broncho-pneumonia, 1 by paratyphoid B, 1 by chronic nephritis, 1 by pyrexia and 2 by measles. There was one example of "surgical scarlet fever." In 16 cases the diagnosis was not confirmed. The correct diagnoses were as follows:—5 rubella, 2 measles, 2 tonsillitis, 1 broncho-pneumonia, 3 erythema due to various causes, 1 Vincent's angina, 1 drug rash (sulphanilamide) and 1 scabies.

*Diphtheria.* There was 1 case of nasal diphtheria. 2 were faucial carriers. The one fatal case was a child *who had not been immunised*. Of the other 13 cases in which the diagnosis was confirmed, 5 patients under the age of fifteen and 2 persons over that age had not been immunised. Thus there were 4 under fifteen and 2 over fifteen stated to have been immunised at some time. In 23 cases the diagnosis was not confirmed. The correct diagnoses were as follows:—11 tonsillitis, 7 Vincent's angina, 2 scarlet fever, 1 sore throat, 1 catarrhal laryngitis and 1 quinsy.

*Vincent's Angina.* In 1 case the diagnosis was not confirmed, this being a case of thrush.

*Tonsillitis.* In 1 case the diagnosis was not confirmed, this being a case of measles.

*Enteric Fever.* There were 4 cases of paratyphoid B, and 2 of typhoid fever. Both the cases of typhoid came from outside the City. They were reported to be type "FI" and type "Truro" respectively. In 3 cases the diagnosis was not confirmed. The correct diagnoses were as follows:—1 pyelitis, 1 food poisoning, and 1 tuberculous pleurisy with effusion.

*Dysentery.* 1 death was due to infantile enteritis. There were 17 cases of Sonne dysentery and 1 of Flexner dysentery. In 6 cases the diagnosis was not confirmed, 4 being cases of non-specific gastro-enteritis and 2 being cases of gastro-enteritis apparently due to *B. proteus*.

*Mumps.* In 1 case the diagnosis was not confirmed, this being a case of tonsillitis.

*Erysipelas.* In 1 case (fatal) the diagnosis was not confirmed, this being a case of pyaemia.

*Measles.* 1 case was complicated by gonococcal ophthalmia neonatorum. In 1 case the diagnosis was not confirmed, this being a case of rubella.

*Cerebro-spinal Meningitis.* In 7 cases the diagnosis was not confirmed. The correct diagnoses were as follows:—1 case of tuberculous meningitis (fatal), 2 lobar pneumonia, 1 pneumococcal meningitis, 1 frontal sinusitis, 1 bronchitis and 1 influenza.

*Whooping-cough.* 2 cases were complicated by broncho-pneumonia, 1 of which proved fatal.

*Chicken-pox.* 1 case was complicated by catarrhal jaundice. In 1 case the diagnosis was not confirmed, this being a case of staphylococcal dermatitis.

*Miscellaneous.* 1 tuberculous pleurisy with effusion and 1 sore throat.

### SMALLPOX HOSPITAL.

By agreement with the County Council, it has been arranged that any smallpox cases arising shall be treated at the County Council's Smallpox Hospital at Upton Pyne.

### MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL.

For admission to the Superannuation Scheme, sickness, or on return to employment after sickness or injury in the Services .....	110
For employment in Day Nurseries .....	11

In addition, all nurses employed in the nursing of pulmonary tuberculosis are medically examined, including X-ray examination, twice a year, and monthly weight records are kept.





